

**PLAINTIFFS'  
EXHIBIT**  
**A**  
No. 12-47

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

CHARLES E. STUBY and  
LUKAS J. BERKEY,

Civil Division

Plaintiffs,

No. 12-47

v.

Judge Gibson

BEDFORD COUNTY and  
CHARWIN REICHELDERFER,  
in his individual capacity,

Defendants.

JURY TRIAL DEMANDED

**ANSWERS TO  
PLAINTIFFS' FIRST SET OF INTERROGATORIES AND  
REQUEST FOR PRODUCTION OF DOCUMENTS DIRECTED  
TO DEFENDANT, BEDFORD COUNTY**

Pursuant to Federal Rules of Civil Procedure 33 and 34, Plaintiffs, Charles E. Stuby and Lukas J. Berkey (hereinafter "Plaintiffs") request that Defendant, Bedford County ("Defendant"), answer the following Interrogatories and produce for inspection and copying at the offices of Samuel J. Cordes & Associates, 245 Fort Pitt Boulevard, Pittsburgh, PA 15222, the documents requested herein within thirty (30) days of service of the following Interrogatories and Requests.

**DEFINITIONS**

1.     “Document(s)” means all materials within the full scope of Rule 34 including but not limited to all writings and recordings, which includes but is not limited to:

- (a)    the originals and all non-identical copies, whether different from the original by reason of any notation made on such copies or otherwise (including but not without limitation to email and attachments, correspondence, memoranda, notes, diaries, minutes, statistics, letters, telegrams, contracts, reports, studies, checks, statements, tags, labels, invoices, brochures, periodicals, receipts, returns, summaries, pamphlets, books, interoffice and intraoffice communications, offers, notations of any

**INTERROGATORIES**

1. Identify each and every fringe benefit Plaintiff Stuby was eligible to receive during his employment, its dollar value, and percentage of total salary, including all hospitalization, retirement, pension, disability, medical, dental, life insurance and any other types of fringe benefits of any value to the Plaintiff whatsoever.

**ANSWER:** See Union Contract which is in Plaintiff's possession as well as Plaintiff's pay stub.

Additionally (based on a 2011 salary of \$ 28,167.12);

FICA/medicare (7.65%) 2154.78

Workers comp (7.34%) 2067.46

UC (5.61% of first \$8,000) 448.80

Life Insurance (\$7.00/mth) 84.00

Retirement (2.36%) 664.75

Medical opt out (\$ 48.00/mth) 576.00

See also documents Bates Stamped 253-286.

2. Identify each and every fringe benefit Plaintiff Berkey was eligible to receive during his employment, its dollar value, and percentage of total salary, including all hospitalization, retirement, pension, disability, medical, dental, life insurance and any other types of fringe benefits of any value to the Plaintiff whatsoever.

**ANSWER:** See Union Contract which is in Plaintiff's possession as well as Plaintiff's pay stub.

Additionally (based on a 2011 salary of \$ 27,352.80);

FICA/Medicare (7.65%) 2092.49

Workers Comp (7.34%) 2007.70

UC ( 5.61% of first \$8,000) 448.80

Life Insurance (\$7.00/mth) 84.00

Retirement (2.36%) 645.63

Medical opt-out (\$48.00/mth) 576.00

See also documents Bates Stamped 253-286.

Respectfully submitted,

**Samuel J. Cordes & Associates**

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Samuel J. Cordes  
Christine T. Elzer  
Pa. I.D. No. 54874 (Cordes)  
Pa. I.D. No. 208157 (Elzer)

245 Fort Pitt Boulevard  
Pittsburgh, PA 15222  
(412) 281-7991

Attorneys for Plaintiff

MARGOLIS EDELSTEIN

BY: Ms. Mary Lou Maierhofer, Esquire  
Mary Lou Maierhofer  
PA. ID. 62175  
Counsel for All Defendants  
P.O. Box 628  
Hollidaysburg, PA 16648  
[mmaierhofer@margolisedelstein.com](mailto:mmaierhofer@margolisedelstein.com)  
(814) 695-5064  
Fax: (814) 695-5066  
I.D. #62175

VERIFICATION

I, Barry A Crawford an authorized representative of Bedford County do hereby verify that I have read the foregoing Answers to Plaintiffs' First Set of Interrogatories and Request for Production of Documents Directed to Defendant Bedford County. The statements therein are true and correct to the best of my personal knowledge or information and belief at the time that such were completed.

This statement is made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities, which provides that if I knowingly make false averments, I may be subject to criminal penalties.

X Barry A. Crawford

DATE: August 2, 2012

**PLAINTIFFS'  
EXHIBIT  
B  
No. 12-47**

a Employee's social security no.	
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OMB No. 1545-0008

**Copy B To Be Filed With Employee's  
FEDERAL Tax Return**

b Employer identification number (EIN)		1 Wages, tips, other compensation <b>27988.42</b>	2 Federal income tax withheld <b>1961.20</b>
c Employer's name, address, and ZIP code <b>BEDFORD COUNTY COMMISSIONERS 200 SOUTH JULIANA STREET BEDFORD PA 15522</b>		3 Social security wages <b>29461.51</b>	4 Social security tax withheld <b>1237.38</b>
		5 Medicare wages and tips <b>29461.51</b>	6 Medicare tax withheld <b>427.20</b>
		7 Social security tips	8 Allocated tips
d Control number		10 Dependent care benefits	
e Employee's first name and initial <b>CHARLES E</b>	Last name <b>STUBY</b>	Suff	11 Nonqualified plans
1126 MILLIGANS COVE ROAD BUFFALO MILLS PA 15534		13 Statutory employee <b>X</b>	12a See instructions for box 12
		14 Retirement plan <b>1473.09</b>	12b
			12c
			12d
f Employee's address and ZIP code		15 State Employer's state ID number <b>PA</b>	
		16 State wages, tips, etc. <b>29461.51</b>	17 State income tax <b>904.47</b>
		18 Local wages, tips, etc. <b>29461.51</b>	19 Local income tax <b>441.88</b>
		20 Locality name <b>PABEDF</b>	

Form **W-2** Wage and Tax Statement **2011**

Department of the Treasury - Internal Revenue Service  
This information is being furnished to the Internal Revenue Service.

**PLAINTIFFS'**  
**EXHIBIT**  
**C**  
No. 12-47

a Employee's social security no.			Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).			
			OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation <b>26067.24</b>		2 Federal income tax withheld <b>3405.55</b>	
c Employer's name, address, and ZIP code  <b>BEDFORD COUNTY COMMISSIONERS</b> <b>200 SOUTH JULIANA STREET</b> <b>BEDFORD PA 15522</b>			3 Social security wages <b>27464.81</b>		4 Social security tax withheld <b>1153.54</b>	
			5 Medicare wages and tips <b>27464.81</b>		6 Medicare tax withheld <b>398.23</b>	
			7 Social security tips		8 Allocated tips	
						10 Dependent care benefits
e Employee's first name and initial <b>LUKAS J</b>	Last name <b>BERKEY</b>	Suff	11 Nonqualified plans		12a See instructions for box 12	
f Employee's address and ZIP code  <b>117 ELECTION HOUSE ROAD</b> <b>P.O. BOX 25</b> <b>BUFFALO MILLS PA 15534</b>			13 Statutory employee Retirement plan <b>X</b>		12b	
			14 Other <b>1397.57</b>		12c	
					12d	
15 State Employer's state ID number <b>PA</b>	16 State wages, tips, etc. <b>27681.87</b>	17 State income tax <b>849.84</b>	18 Local wages, tips, etc. <b>27951.39</b>	19 Local income tax <b>419.28</b>	20 Locality name <b>PABEDF</b>	

Form **W-2** Wage and Tax Statement **2011**

Department of the Treasury - Internal Revenue Service  
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

**1040**

Department of the Treasury—Internal Revenue Service

(99)

**U.S. Individual Income Tax Return****2012**

OMB No. 1545-0074

IRS Use Only—

**D**

No. 12-47

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning

, 2012, ending

, 20

S

Your first name and initial

Last name

Your social security number

Charles E

Stuby

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Debra L

Stuby

Home address (number and street). If you have a P.O. box, see instructions.

1126 Milligan Cove Road

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Buffalo Mills PA 15534

Presidential Election Campaign

Foreign country name

Foreign province/state/county

Foreign postal code

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

 You  Spouse**Filing Status**

- 1  Single  
 2  Married filing jointly (even if only one had income)  
 Check only one box.  
 3  Married filing separately. Enter spouse's SSN above and full name here. ►

- 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ►  
 5  Qualifying widow(er) with dependent child

**Exemptions**

a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .				
b <input checked="" type="checkbox"/> Spouse . . . . .				
c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	
(1) First name	Last name			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed				

Boxes checked on 6a and 6b

2

No. of children on 6a who:

- Lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6a not entered above

Add numbers on lines above ►

2

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	1,894.
8a Taxable interest. Attach Schedule B if required . . . . .	8a	0.
b Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b Qualified dividends . . . . .	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	8.
11 Alimony received . . . . .	11	
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797 . . . . .	14	
15a IRA distributions . . . . .	15a	b Taxable amount . . . . .
16a Pensions and annuities . . . . .	16a	55,442. b Taxable amount . . . . .
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	
18 Farm income or (loss). Attach Schedule F . . . . .	18	
19 Unemployment compensation . . . . .	19	15,723.
20a Social security benefits . . . . .	20a	3,087. b Taxable amount . . . . .
21 Other income. List type and amount . . . . .	21	0.
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►	22	18,155.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

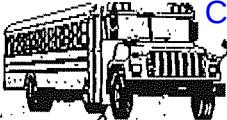
**Adjusted Gross Income**

23 Educator expenses . . . . .	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25 Health savings account deduction. Attach Form 8889 . . . . .	25	
26 Moving expenses. Attach Form 3903 . . . . .	26	
27 Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28 Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29 Self-employed health insurance deduction . . . . .	29	
30 Penalty on early withdrawal of savings . . . . .	30	
31a Alimony paid b Recipient's SSN ►	31a	
32 IRA deduction . . . . .	32	
33 Student loan interest deduction . . . . .	33	
34 Tuition and fees. Attach Form 8917 . . . . .	34	
35 Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36 Add lines 23 through 35 . . . . .	36	
37 Subtract line 36 from line 22. This is your adjusted gross income ►	37	18,155.

**PLAINTIFFS'**  
**EXHIBIT**  
**E**  
No. 12-47

W-2  
2012

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.		1 Wages, tips, other comp. 19568.00	2 Federal income tax withheld 1504.07
		3 Social security wages 19568.00	4 Social security tax withheld 821.88
b Employer ID number (EIN) 25-1627396		5 Medicare wages and tips 19568.00	6 Medicare tax withheld 283.73
c Employer's name, address, and ZIP code  HELSEL TRANSPORTATION 5282 BUSINESS ROUTE 220  BEDFORD PA 15522			
d Control number 3			
e Employee's name, address, and ZIP code  LUKAS J. BERKEY 117 ELECTION HOUSE ROAD BUFFALO MILLS PA 15534			
7 Social security tips		8 Allocated tips 9	
10 Dependent care benefits		11 Nonqualified plans	12a Code
13 Statutory employee Retirement plan		14 Other PUC 11.74	12b Code 12c Code
Third-party sick pay			12d Code
PA		19568.00	600.75
15 State Employer's state ID number 19568.00		16 State wages, tips, etc. 293.53	17 State income tax 05
Form W-2 Wage and Tax Statement 2012 Dept. of the Treasury -- IRS This information is being furnished to the IRS. If you are required to file a tax return, a negligence			



**HESEL TRANSPORTATION**  
 5282 BUSINESS ROUTE 220  
 BEDFORD, PA 15522  
 (814) 623-1350

PAY *One hundred three and*

*50*  
*xx*

DOLLARS

DATE	TO THE ORDER OF	HRS	GROSS	SOC. SEC.	MED.	FED. WITHH.	STATE	EXPLANATION	CHECK AMOUNT
11/13/13	Charles Stuby		118.00	7.32	1.71	8	3.62	1.77	\$ 163.50

**M&T Bank**  
 Northern PA Private Banking

10118581 10313029550

OC. SEC. # \_\_\_\_\_

**NOT NEGOTIABLE**

RECORD OF EARNINGS OR PAYMENTS

88926159591

PAY PERIOD FROM *11/8/13* TO *11/19/13* RATE OF PAY \_\_\_\_\_



**HESEL TRANSPORTATION**  
 5282 BUSINESS ROUTE 220  
 BEDFORD, PA 15522  
 (814) 623-1350

PAY *Fifteen and*

*74*  
*xx*

DOLLARS

DATE	TO THE ORDER OF	HRS	GROSS	SOC. SEC.	MED.	FED. WITHH.	STATE	EXPLANATION	CHECK AMOUNT
11/13/13	Charles Stuby		59.00	3.66	8.86	0	1.81	8.89	64 \$ 51.74

**M&T Bank**  
 Northern PA Private Banking

10119081 10313029550

OC. SEC. # \_\_\_\_\_

**NOT NEGOTIABLE**

RECORD OF EARNINGS OR PAYMENTS

88926159591

PAY PERIOD FROM *11/22/13* TO *11/31/13* RATE OF PAY *29.50*



**HESEL TRANSPORTATION**  
 5282 BUSINESS ROUTE 220  
 BEDFORD, PA 15522  
 (814) 623-1350

PAY *Sixteen and*

*67*  
*xx*

DOLLARS

DATE	TO THE ORDER OF	HRS	GROSS	SOC. SEC.	MED.	FED. WITHH.	STATE	EXPLANATION	CHECK AMOUNT
11/14/13	Charles Stuby		19.00	1.18	2.81	0	0.58	2.81	\$ 16.67

**M&T Bank**  
 Northern PA Private Banking

10120391 10313029550

OC. SEC. # \_\_\_\_\_

**NOT NEGOTIABLE**

RECORD OF EARNINGS OR PAYMENTS

88926159591

PAY PERIOD FROM *11/3/13* TO *11/4/13* RATE OF PAY \_\_\_\_\_



**HECSEL TRANSPORTATION**  
6282 BUSINESS ROUTE 220  
BEDFORD, PA 16522  
(814) 623-1350

39-1 EXPLANATION NO. UZ  
T.A.S. 75 FILED 1/16/14 Page 10 c

60-295-313

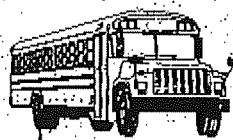
11958

PAY John J. McNamee XY DOLLARS

DATE	TO THE ORDER OF	hrs	GROSS	80C SEC	MED	FED WITH	STATE		
5/7/13 (Charles Shuly)			29.50	83 43 0	91	44.03			\$ 25.87
DESCRIPTION									

**CHECK  
AMOUNT**

2687



**HELSEL TRANSPORTATION**  
5282 BUSINESS ROUTE 220  
BEDFORD, PA 15522  
(814) 623-1350

EXPLANATION	AMOUNT
2-A.S. #43	

60-295-313

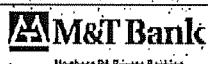
12010

PAY THE NATION OF AKA DOLLARS

DATE	TO THE ORDER OF	HRS	GROSS.	SOC. SEC.	MED.	FED. WITH.	STATE	
5/3/11	Charles Shuly		59.00	3.00	.86	X	.81	89.84
DESCRIPTION								\$ 51.74

CHECK  
AMOUNT

617



# ~~NOT NEGOTIABLE~~

**RECORD OF EARNINGS OR PAYMENTS**

889 26 159 59

PAY PERIOD FROM 5/20/13 TO 5/31/13 RATE OF PAY

SOC. SEC. N.

**PLAINTIFFS'  
EXHIBIT  
G**  
No. 12-47

NAME <u>Lukas J. Berkley</u>		CLOCK NUMBER	DET.	IV	DATE	RATE									
STREET <u>117. Election House Rd</u>		SOC. SEC. NUMBER		<input checked="" type="checkbox"/> N											
TY <u>Buffalo Mills</u>		PHONE NO.	DATE STARTED <u>3-12-12</u>												
YEAR <u>2013</u>		ENCIRCLED QUARTERS <u>① ② 3 4</u>	DATE LEFT <u>w/ singlerate</u>												
DATE PAY PERIOD ENDING	CHECK ISSUED TO <u>dry rate #100.00</u>	TIME WORKED	GROSS	FICA	MED	FED									
STAT CO PAY															
BROUGHT FORWARD →															
11/13	6 A.S., 1 ATN	10	1206.50	94.80	17.49	109.00	37.04	18.10	.84	949.123					
29/13	8 A.S., 1 ATN	10	1265.50	78.46	18.35	118.00	38.85	18.98	.89	991.97					
1/8/13	7 A.S., 2 ATN	9	1165.50	72.26	16.90	101.00	35.78	17.48	.82	921.26					
1/22/13	8 A.S.	10	1236.00	76.63	17.92	110.00	37.95	18.54	.87	974.09					
3/3/13	5 A.S., 2 ATN	10	1206.50	74.80	17.49	109.00	37.04	18.10	.84	949.123					
1/22/13	5 A.S., 1 ATN	8	977.00	60.57	14.17	71.00	29.99	14.66	.68	785.193					
							7057.00	437.52	102.32	618-	216.65	105.86	4.94	5571	71
5/13	7 A.S., 1 ATN	10	1236.00	76.63	17.92	110.00	37.95	18.54	.87	974.09					
11/13	5 A.S., 1 ATN	9	1077.00	66.77	15.62	101.00	33.06	16.16	.75	843.64					
1/3/13	8 A.S., 2 ATN	10	1295.00	80.29	18.78	119.00	39.76	19.43	.91	1616.83					
1/17/13	8 A.S., 1 ATN	10	1265.50	78.46	18.35	116.00	38.26	18.98	.89	993.97					
3/1/13	8 A.S.	9	1136.00	70.43	16.47	95.00	34.82	17.04	.86	901.38					
1/4/13		10	1150.00	71.30	16.68	98.00	35.31	17.25	.81	910.65					
1/28/13		10	1000.00	62.00	14.50	77.00	30.70	15.00	.70	860.10					
							8159.50	505.88	118.32	716.00	253 <sup>51</sup>	122 <sup>40</sup>	573	10440	1010

